

(1) PLACE OF BIRTH

County of Anderson

Township of

Inc. Town of

City of Anderson

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

19759

Registration District No. 3H Registered No. 25-1

(For use of Local Registrar)

(No. 4 Homeside St.; Ward)(2) Full Name of Child Robert Brewer If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>July 5 1923</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Harley Jefferson Brewer(9) PRESENT POSTOFFICE OF FATHER Anderson SC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36
(Year)(12) BIRTHPLACE Gabon Co. S.C.(13) OCCUPATION Cotton mill work(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Effie Bertha McClain(15) PRESENT POSTOFFICE OF MOTHER Anderson SC(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31
(Year)(18) BIRTHPLACE Gabon Co. S.C.(19) OCCUPATION Homemaker(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was still at 8:30 P.M., on the date above stated. (Born alive or stillborn Hour M. or P. M.)(23) (Signature) Walter Thompson(24) State whether Physician or Midwife (25) Address of Physician or Midwife Anderson SC

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed (28) Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

At a time between week 20 and week 28 before the fifth month of pregnancy.